HIGH AND RISING RATES OF WORKPLACE VIOLENCE AND EMPLOYER FAILURE TO IMPLEMENT EFFECTIVE PREVENTION STRATEGIES IS CONTRIBUTING TO THE STAFFING CRISIS

Health care workers are experiencing a surge in workplace violence rates nationally, which has been exacerbated by the health care industry's actions during the Covid-19 pandemic. This report analyzes new data, gathered in 2023 by National Nurses United (NNU), the largest labor union and professional association for registered nurses (RNs) in the United States, regarding nurses' recent experiences of workplace violence. Survey data was collected from nearly 1,000 nurses working in 48 states and D.C. In-depth focus group discussions were held with 31 NNU members from seven states to gather detailed accounts of nurses' experiences of workplace violence and employer prevention and response. This data underlines the need for additional action to protect nurses, other health care workers, and their patients.

National Nurses United

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THE MAJORITY OF NURSES HAVE EXPERIENCED AT LEAST ONE TYPE OF WORKPLACE VIOLENCE IN THE PAST YEAR AND NEARLY HALF HAVE SEEN A RISE IN RATES

NNU's 2023 data makes it clear that nurses across the nation continue to experience extremely high rates of workplace violence and that those rates have increased. Eight in 10 nurses (81.6 percent) have experienced at least one type of workplace violence within the past year (*Table 2*).

Nearly half of nurses (45.5 percent) reported an increase in workplace violence on their unit in the previous year (*Table 1*). In contrast, only 3.8 percent of nurses reported that workplace violence has decreased on their unit in the previous year (*Table 1*).

Table 1. **NNU Survey of Nurses' Experience of Workplace Violence: Workplace Violence Changes in the Previous Year, Data Gathered Jan. 1, 2023 through Dec. 31, 2023**

Has Workplace Violence Increased on Your Unit in the Previous Year?	Nurses Reporting
Increased a lot	26.3%
Increased a little	19.2%
Stayed the same	21.8%
Decreased a little	2.3%
Decreased a lot	1.5%
Not sure	29.0%

In NNU's 2023 surveys and focus groups, nurses across the nation expressed their concerns regarding workplace violence within their facilities and its impact on nurses, other health care workers, and patients. For example:

- **A nurse from Illinois reported —** "Working on a psych unit with 20 patients and two nurses, while being [a] charge [nurse]. I have been verbally and physically threatened. I have been punched, slapped, spat on, hit, kicked, and bitten."
- **A nurse from Florida reported —** "Working in an intercity Emergency Room (Level 1 Trauma). I've been sprayed with OC spray from someone trying to flee the Emergency Room. I've been knocked over by a patient fighting against lifesaving care. I had another time a family member of a trauma victim lunge at me.... Spit on because a relative died and they took it out on me. I've had many episodes and they are getting worse."
- **A nurse from California, reported —** "Verbal assaults on a nearly daily basis. Lots of hitting, kicking, scratching. Management does nothing but tell us to fill out a workplace violence incident report. All this does is add an alert to the patient chart, which shows they have a history of violence (whether verbal or physical). However, they do nothing to help protect us or prevent it from happening again. It's all just part of being a nurse. Even the workplace violence training is aimed at protecting yourself from physical abuse (how to minimize the amount of injury occurred), not how to prevent it."

Nurses experience multiple types of workplace violence on a daily basis, ranging from physical abuse to verbal threats.

Nurses also reported observations about increasing workplace violence incident rates being tied to employers' policies and lack of staffing and resources. For example:

- **A nurse from California, reported —** "I've noticed that there's an increase in incidents of workplace violence and it may be because of the Covid situation, too. After the pandemic, [there was] particularly frustration from the family members. To cite an example is the visitation [policies] during the pandemic … for patients that are Covid positive. … sometimes when we limit visitors or even tell them that only one or no visitors are allowed, they lash out [at] us."
- **A nurse from New Mexico reported —** "There has been an increase in patients with psychiatric issues being hospitalized. The appropriate psychiatric hospitals are full or are refusing to take these patients even though there is no health reason [for] the patient to stay in the hospital. This leaves ill-equipped hospital staff, mostly nurses and techs, to care for these patients for prolonged periods without the proper training, resources, or environment. Staff members are getting physically and mentally abused. Many staff members have left due to the abuse. I have recently left my position of five years and one of the major factors in my decision to leave has been the increased workplace violence."

Nurses experience multiple types of workplace violence on a daily basis, ranging from physical abuse to verbal threats. The three most common types of violence reported were being verbally threatened (67.8 percent), physically threatened (38.7 percent), and being pinched or scratched (37.3 percent) (*Table 2*). Only 18.4 percent of nurses reported they had not experienced workplace violence in the past year.

Table 2. **NNU Survey of Nurses' Experience of Workplace Violence: Types of Workplace Violence, Data Gathered Jan. 1, 2023 through Dec. 31, 2023**

Type of Violence Experienced in Past Year	Nurses Reporting
Verbally threatened	67.8%
Physically threatened	38.7%
Pinched or scratched	37.3%
Slapped, punched, or kicked	36.2%
Objects thrown at you	34.6%
Verbally harassed based on your sex or appearance	33.3%
Spat on or exposed to other bodily fluids	29.9%
Groped or touched inappropriate	19.8%
I have not experienced workplace violence	18.4%

Nurses also shared in the survey and focus groups specific examples of different types of incidents they had experienced recently. For example:

- **A nurse from Rochester, New York reported —** "Had my wrist nearly broken by a patient who grabbed me and twisted my arm until someone else pulled him off me. Had a patient kick me in the chest. Had a male patient ejaculate into his hand and then he called me into the room and wiped it on my pants. Had a patient bite me and break skin. Had a patient throw their full urinal at me."
- **A nurse from Kansas, reported —** "In the last four months, one of our nurses was attacked in the emergency room by a patient that had been held for 96 hours in the Emergency Room, waiting to be placed into our psych facility at our other hospital. She just happened to be sitting with a one-to-one patient and he's in the hallway and starting to flail. So she thought, 'Oh, is he getting ready to have a seizure?' So, when she went to pull the bed rail up to keep the patient safe, he reached up and grabbed her hair and pulled her down and held her for a total of four minutes."
- **A nurse from Texas, reported —** "So, my unit is like a step-down unit, but we're right around the corner. We're on the same floor as an intensive care unit where they had a young patient who was really sick. I don't remember how long he had been there for. … A family member of this patient would call the nurses and tell them that she's going to come up there and shoot them if they don't let her see her family, her grandson, or her son."
- **A nurse from Kentucky reported —** "In the past year I have had water pitchers, call lights, and other items thrown at me. I have been spit on, punched multiple times, and had one of my pinky fingers bent such that it seems like it will have some permanent mild pain in it that wasn't there before."
- **A nurse from Missouri reported —** "Kicked in the stomach multiple times by the same patient. Also have had my hands slapped when performing flu/Covid swabs. Had a lady grab me by my upper arm and left bruises on my arm."

» **A nurse from Illinois reported —** "A patient threw lunch tray at me, urinated on the floor, spit at me, yelled, cursed, and threatened physical harm because he wanted more pain medication that was not yet available. Despite my efforts to advocate for him and defuse the situation he continued to be verbally aggressive. My manager sides with the patient saying staff should stand there and listen to them and not engage. There is no support from management. It's quite disappointing. I have a man that was so violent he physically harmed multiple nurses on a different unit. He ended up in four-point violent restraints with a one-to-one sitter for weeks! He kicked an aid while attempting care, verbally abused staff with racist and sexually aggressive comments constantly. He would spit and intentionally attempt to urinate on staff while providing daily care."

Violent incidents shared by nurses commonly occurred in patient rooms and units, but it was also striking to note that many incidents occurred outside of typical patient care areas (e.g., in hallways, lobbies, and parking lots). Workplace violence can occur across the hospital, including when nurses are arriving or leaving from work. For example, nurses shared the following incidents that occurred outside of patient care locations:

Parking Lot »

» **A nurse from Pennsylvania, reported —** "I was coming home at 4 a.m. and the underground parking lot was mostly empty except for a few cars parked against the wall. My car was in the middle. I just about made it to my car and a guy got up from between a car and the wall and intently started walking toward me. [...] He turned around and went back where he was hiding. I got in the car, locked doors, and called security who came and got him. (There were a bunch of reported assaulted nurses when they left work at that time. I wasn't gonna be one)."

Waiting Room/Admission »

» **A nurse from Colorado, reported —** "I have worked in emergency medicine for over 10 years. The [employer] has no security measures in place. No active presence in the Emergency Room waiting room. Slow response times from the police and when they do arrive, staff needs to be hurt for them to intervene. Staff trained to save lives are held responsible for safe takedowns, not the police that are trained to handle it in a better way. I have personally seen my coworkers injured to the point of being early retired. I have taken care of our own employees with broken bones, concussions, bite marks, bicep tears, etc. the staff members involved in takedowns get penalized and have fact-findings against them but no notification for what is being done about the violence against us."

Hallway »

» **A nurse from Missouri, reported —** "[...] I had another patient follow my tech down the hallway and trap her at the end before security arrived, threatening her the whole way and throwing objects and scaring the other patients."

» **A nurse from North Carolina, reported —** "I work in the emergency department. I am verbally threatened almost every shift. I am physically threatened at least once a week. In the last three months I have experienced every single form of violence listed in this survey. I was punched in the face and scratched by a confused patient stuck in a hallway bed. I was fearful for my physical safety in behavioral health with an extremely violent patient and no sitter available. I was sexually groped by a patient who did the same to six other female staff. Unfortunately, these incidents are almost a daily thing at this point."

- **A nurse from Maryland, reported —** "I was walking in the Emergency Room hallway on the way to the bathroom when a patient unexpectedly and unprovoked wound up across their body and slapped me and then tried to assault me again before other nurses grabbed them. I did not have any interaction with this patient prior. The force of the assault knocked me off balance and it left their hand print in my upper arm for four hours and a residual bruise [...]"

Administrative Office »

- **A nurse from New York, reported —** "The office door was left open when a peer left for lunch. A patient came down the hallway at a fast pace, entering the office and screamed at me calling me Donna [not the nurse's name]. He grabbed me around the neck in a choke hold. He caused a cervical strain, nerve damage and a torn rotator cuff and torn tendons."
- **A nurse from California, reported —** "[...]I had a [patient] who thought I was 'his angel' and found out where my office was and came to my office, I've been spit at and been grabbed by countless men at work. Experienced sexism and sexual harassment by men at work years ago talking about my breasts."

These accounts underline the importance of a federal OSHA standard requiring health care employers to implement unit-specific workplace violence prevention plans in *all* units, work areas, and areas surrounding the facility. Workplace violence prevention plans must be tailored to each patient care unit, work area, or other area to be effective. Each unit or work area within a hospital or other health care facility has different risk factors for workplace violence, which depend on a multitude of factors including physical layout, staffing plans, and patient population for each unit. Areas outside patient care units may require different measures to reduce workplace violence.

Violent incidents shared by nurses commonly occurred in patient rooms and units, but it was also striking to note that many incidents occurred outside of typical patient care areas

HEALTH CARE EMPLOYERS CONTINUE TO FAIL TO IMPLEMENT PROVEN MEASURES TO PREVENT WORKPLACE VIOLENCE AND THEIR RESPONSES TO WORKPLACE VIOLENCE ARE TOO OFTEN INADEQUATE

HEALTH CARE EMPLOYERS CONTINUE TO FAIL TO IMPLEMENT PROVEN MEASURES TO PREVENT WORKPLACE VIOLENCE

Research has documented the effectiveness of workplace violence prevention measures.[1] For example, a 2017 randomized control trial examined the effectiveness of unit-specific workplace violence prevention plans created with the input of direct-care staff.[2] The study randomized 42 inpatient hospital units into intervention and control groups. A worksite walkthrough, including assessing environmental risk factors, was conducted on each intervention unit. Unit supervisors were given incident and injury data for their unit from the past three years and worked with direct-care staff to develop an action plan to reduce workplace violence using administrative, behavioral, and environmental strategies that best addressed each unit's violence risks. The authors found that intervention units reported *less than half* the violent incident rate of control units at six months post-implementation. Intervention units reported *nearly one-third* the violence-related injuries of control units at 24 months post-implementation.

However, NNU's 2023 survey and focus groups found that employers continue to fail to effectively implement measures to prevent workplace violence. Only 62.8 percent of nurses reported that their employer provides training on workplace violence prevention (*Table 3*). While training by itself is insufficient, it is an essential element of an effective workplace violence prevention plan.

To effectively identify and correct workplace violence hazards, employers must have a method to track and investigate violent incidents. However, only about one in three nurses (31.7 percent) reported that their employer provides a clear way to report incidents (*Table 3*). Nurses shared in NNU's 2023 survey and focus groups that they often do not report workplace violence incidents due to unclear reporting mechanisms, lack of action from the employer, fear of employer retaliation, and perspectives that violence is part of the job.

Safe staffing is essential to workplace violence prevention. Yet only 29.5 percent of nurses report that their employer has staff available at all times to respond to workplace violence and a mere 17.0 percent of nurses report that their employer places additional staff to reduce the risk of violence (*Table 3*). When employers fail to safely staff units, it increases the risk of workplace violence due to increased wait times, unmet patient needs, and increased stress and moral distress of health care staff. In NNU's surveys and focus groups, nurses regularly noted the role that short staffing plays in increasing the risk of workplace violence. For example:

» **A nurse from Minnesota, reported —** "I think the biggest thing too, when we talk about workplace violence and things like that, and I think there's just such a big relationship between that and staffing when you don't have enough staff, not even just nurses. I'm even speaking about like, support staff, where I worked, we had psych associates. When you don't have enough of those people there, I think that patient needs go unmet and that causes an escalation of frustrations."

» **A nurse from New York, reported —** "On our Medical-Surgical floor, we routinely have eight patients. Under the New York State law, we should have one nurse max at six. Last week there were only five nurses in the Emergency Room for 65 patients, so they paged our nurses to take a ninth patient each. The acuity on my floor is

very high as people are sicker than ever. Patients/family don't want to hear that they're not getting a fast response to call bells because you have eight patients. We have brand new nurses just off orientation getting eight patients each shift and they're unable to take the stress of it."

» **A nurse from California, reported —** "We don't have additional staff; it's just nurses. Each one of us has two patients and I was charge so I had to get the help from a primary nurse. So we filled out the vigilance support [report] but I never got any contacts, I was never contacted from any management from the next day or the third day to ask me exactly what happened or if I'm ok because they don't care."

NNU's 2023 survey found that nurses reported that few employers had implemented other prevention measures such as using a chart or room-flagging system to indicate patients with increased risk for violence (26.8 percent), security cameras (24.8 percent), metal detectors (7.1 percent), and limiting visitor hours (15.4 percent) (*Table 3*).

More than 1 in 10 nurses (13.7 percent) reported they were not sure of their employer's prevention measures (*Table 3*). This underlines the importance of employer training programs to ensure that nurses have knowledge of the measures their employer has implemented to protect them so they can identify gaps and issues.

About 1 in 10 nurses (10.8 percent) reported that their employer has implemented none of the listed prevention measures (*Table 3*).

Concerningly, only about 1 in 10 nurses (12.3 percent) reported that their employer includes nurses and other employees in violence risk assessments (*Table 3*). Involvement of direct-care nurses and other health care workers is essential to shaping effective workplace violence prevention plans. Direct-care nurses have expertise on where workplace violence happens and what measures will be effective at preventing it for their unit or work area that administrators at the hospital do not.

Table 3. **NNU Survey of Nurses' Experience of Workplace Violence: Employers' Prevention Measures, Data Gathered Jan. 1, 2023 to Dec. 31, 2023**

Employer Prevention Measures	Nurses Reporting
Provides training on workplace violence	62.8%
Provides a clear way to report incidents	31.7%
Has staff available at all times to respond to violent incidents (e.g., security guards)	29.5%
Uses a charting or room-flagging system to indicate patients with increased risk for violence	26.8%
Uses security cameras	24.8%
Places additional staff to reduce the risk of violence (e.g., sitters, additional nurses, additional techs, security staff)	17.0%
Limits visiting hours	15.4%
Includes nurses and other employees in violence risk assessments	12.3%
Uses metal detectors	7.1%
I'm not sure	13.7%
None of these	10.8%

As experts on the types of workplace violence they experience, nurses' input on prevention measures is necessary for the elimination of the issue. Through surveys and focus groups, nurses conveyed such measures which are either present or absent within their facilities and which measures would be effective in their workplaces:

» **A nurse from Kansas, reported —** "When you have two security officers for our hospital that is a Level 1 Trauma Center. Having security in each of our units/floors would be great."

» **A nurse from Florida, reported —** "Yeah, my hospital. We're unsecured. They're building the main entrance where visitors are actually IDed when they do come in, but that won't happen until [next year]. So now anybody can walk into the hospital. There are these two little old ladies that are volunteers. They ask you your name and then they give you a sticker for where you're going. You could tell them any place because they don't have a list of actual patients. There's no visitors pass and there's no search and there's no security at these entrances. The Emergency Room entrance: There's no one sitting there. There's a kiosk that you sign into. And then the door is opened from like 8:00 a.m. to 8:00 p.m. It's wide open for that entrance way. So, if you're going to walk in through the Emergency Room, you could just walk in because 50 percent of the time, there's no one sitting right there. Or there's a nurse that does triage, but if she's taking care of a patient that's sitting right there that she's triaging, she doesn't pay attention to the other person that's walking in. So, I feel like every day we're not secured. There are instances that have happened. But our hospital puts a Band-Aid on it by giving us another Health Stream [electronic training] on violence. … It's just disgusting how they handle violence in their work workplace."

» **A nurse from Illinois reported —** "Patient brought a gun into clinic although guns/weapons not allowed. There are no closed doors on the clinic floor and patients/family members wander in and out all the time. Many employees work in isolated areas and feel unsafe. We have complained multiple times about safety. After the gun incident we asked for metal detectors to enter the hospital. We were informed by management it is not feasible; cost prohibitive and we are down police in the hospital. We then asked for the clinic doors on the floor to be locked- [only] opened by an ID badge. Again, we were told it is cost prohibitive. To hear management tell us that — lives are priceless."

Nurses also explicitly spoke about the importance of a safe environment for their patients. In particular, nurses voiced concerns in NNU's focus groups about how health care employers often rely on police response and/or encourage employees to press charges after workplace violence incidents. While it is necessary that nurses be supported in and during incidents of workplace violence, interventions from law enforcement may provide further complications for nurses and patients. Employers often frame criminalization as "prevention," but it is an initiative wherein the responsibility of implementing adequate and effective violence prevention is removed from the employer. Research has found that a majority of workplace violence incidents experienced by nurses are perpetrated by patients, and for 90 percent of those patients the violent behavior was related to the patient's disease or illness.[3] Because violence may be related to a patient's condition or treatment, the criminal intent necessary to apply criminal penalties is often absent, leaving criminalization as an ultimately ineffective strategy to prevent workplace violence in the first place. Further, this reliance on local law enforcement works to criminalize patients who need care and can harm patients' health even more. In NNU's focus groups, nurses voiced concern about the impact of law enforcement presence on patients and the need for employers to take action to create a therapeutic environment in health care settings. For example:

» **A nurse from Minnesota, reported —** "I worry about how law enforcement and security in parking lots may look to some patients that might be trying to come to

the facility to get help because of recent events and long-standing things in people's own traumas with dealing with people in uniform, such as police officers and security officers. For me, I think in my experience with working, I wish there was more education for every nurse in the facility. I think that hospitals think that training, when it comes to de-escalation and handling workplace violence situations, is only needed for people who work in the Emergency Departments or people who work in mental health units...."

This data underlines the importance of an OSHA workplace violence prevention standard having clear requirements for employer prevention measures, including a unit-specific hazard analysis and correction, active worker involvement, training, and tracking and reporting of incidents. Hazard assessments should be conducted unit by unit or work area by work area to assess and evaluate their own specific workplace hazards and risks, both environmental and patient-specific. When an environmental or patient-specific risk factor is identified, employers must take action to remove or mitigate that risk factor. Essential workplace violence prevention measures include safe staffing, ensuring line of sight or means of immediate communication with other employees, configuring spaces so that exit routes and access to alarms cannot be blocked, removing or fastening furnishings and objects that can be improvised as weapons, preventing the transport of weapons into the facility, and maintaining an effective alarm system. Involvement of direct-care employees and representatives is essential to identifying and correcting hazards effectively.

Health care employers should also be required to create and establish violent incident logs for record keeping of workplace violence incidents. Existing forms and recordkeeping — like workers' compensation forms, OSHA 301 forms, and 300 Logs — are insufficient to capture the necessary information. An effective workplace violence prevention program or plan is dependent upon accurate reporting of incidents. Additionally, employers should be required to review past workplace violence incident logs as part of the hazard assessment and during annual updates of their prevention plan.

HEALTH CARE EMPLOYERS FAIL TO RESPOND TO WORKPLACE VIOLENCE INCIDENTS EFFECTIVELY

NNU's survey found that health care employers often fail to effectively respond to workplace violence. Concerningly, less than half of nurses (41.6 percent) report that their employer investigates what happens following a workplace violence incident and a mere one in five nurses (21.2 percent) reported that their employer changes practices following incidents to reduce the risk of violence (*Table 4*). Investigating incidents, identifying uncorrected risk factors, and then taking action to prevent similar incidents from occurring in the future are essential elements of effective workplace violence prevention plans.

Table 4. **NNU Survey of Nurses' Experience of Workplace Violence: Employers' Response to Workplace Violence Incidents, Data Gathered Jan. 1, 2023 to Dec. 31, 2023**

Employer Response to Workplace Violence		Nurses Reporting
Investigates what happened	Yes	41.6%
	I don't know	25.4%
	No	33.0%
Provides access to counseling	Yes	27.7%
	I don't know	23.4%
	No	48.9%
Trains or retrains employees	Yes	43.4%
	I don't know	18.6%
	No	38.0%
Changes practices to reduce the risk of violence	Yes	21.2%
	I don't know	19.5%
	No	59.3%
Discourages employees from reporting incidents	Yes	16.9%
	I don't know	20.4%
	No	62.8%
Reprimands or blames employees	Yes	29.0%
	I don't know	20.7%
	No	50.3%
Ignores it	Yes	44.8%
	I don't know	20.9%
	No	34.4%

Nurses also reported inappropriate responses to workplace violence incidents from employers, such as discouraging employees from reporting workplace violence incidents (16.9 percent), reprimanding or blaming employees (29.0 percent), or simply ignoring the incident (44.8 percent). In surveys and focus groups, nurses described the harmful impact of such responses from their employers:

- **A nurse from Massachusetts reported —** "I am a nurse educator for inpatient psychiatry. Staff are routinely carried out on stretchers due to the level of violence. In my 34 years of nursing I have never been injured as many times as I have in the past two years. Moreover, when an injury occurs, leadership often blames the victim trying to investigate how the situation could have been managed differently."
- **A nurse from Colorado, reported —** "So, there's been probably, I would say maybe more than three at this point with physical and nonphysical situations and honestly there was no real resolution to it. […] There was some disciplinary stuff that I'm not too keen about, but other than that there's no process through this, I guess. I've reported to management on several occasions, no changes have been made unfortunately."
- **A nurse from California, reported —** "While removing the IV, he ended up punching me in the chest […] I haven't had anything from manager or management other than, 'We heard you were punched.' And that's the end of the story. Two other people that I know of same thing."
- **A nurse from New York, reported —** "There are many, but the most recent experience I had was a patient grabbing me by my hair, out of my chair and hitting me in the head and face. The patient knocked me on the ground and while they still had my hair hit it repeatedly on the wall. Another time that stands out is when the same patient assaulted three separate staff within three nights, and not only did leadership not listen when requesting more staff and security, they blamed the nurse (and techs in this situation). These are just two examples but there are so many. I left this hospital after reporting unsafe conditions to leadership and was retaliated on."

More than one-third of nurses (38.0 percent) report that their employers do not train or retrain employees following workplace violence incidents (*Table 4*). Overwhelmingly, nurses reported being made responsible for stepping in during violent incidents and that the absence of training, specifically of de-escalation training, in combination with short staffing may lead to increased rates of injury or violent incidents in general. It is unacceptable for employers to expect nurses and other health care workers to bear the brunt of workplace violence while not providing key resources and prevention measures to those employees. Nurses observed the importance of training. For example:

- **A nurse from Minnesota, reported —** "For me, I think in my experience with working, I wish there was more education for every nurse in the facility. I think that hospitals think that training, when it comes to de-escalation and handling workplace violence situations, is only needed for people who work in the Emergency Departments or people who work in mental health units. But situations of workplace violence happen on every unit in the hospital, even in 'happy' units like Labor and Delivery where people are having babies. I think that every nurse deserves a very good education and training when it comes to dealing with those and I feel like hospitals don't want to do that."
- **A nurse in California, reported —** "De-escalation training, which I've taken and it's helpful in feeling more safe and how to position yourself in a room and everything. Then also, just having extra nurses there to come into the room with you."

A small proportion of nurses (27.7 percent) reported that their employers provide access to counseling following workplace violence incidents (*Table 4*). This is concerning given the wide-ranging impacts of workplace violence on nurses, including significant mental health impacts, including anxiety, stress, moral

distress, and post-traumatic stress disorder. Employers must take action to prevent workplace violence, but it is equally essential that employers respond to incidents in a manner that supports employees and takes action to prevent similar occurrences in the future.

This data underlines the importance of an OSHA standard having clear requirements for employers to establish policies and procedures to ensure an effective response to workplace violence incidents. Effective violent incident response measures include:

- Implementing a system for staff to effectively seek immediate assistance when a workplace violence incident begins or when they identify indicators of potential violent behavior.
- Assigning and placing sufficient staff who are trained and available to respond effectively to workplace violence incidents to assist with de-escalation and to maintain both patient and staff safety. Staff must be truly available to respond, meaning they must not have other job duties that could conflict with being immediately available to respond to a violent incident.
- Providing immediate medical care or first aid to employees affected by a workplace violence incident.
- Identifying all employees involved in the incident and following up with all involved employees. This should include conducting a post-incident debriefing as soon as possible after the incident with all employees, supervisors, security, and other staff involved in the violent incident.
- Making confidential, individual trauma counseling available to all employees affected by the violent incident.

Additionally, NNU's 2023 data emphasizes the importance of anti-retaliation protections to ensure that employees can report incidents and concerns of workplace violence to their employers without fear of retaliation. The employees' right to report workplace violence concerns or seek assistance from local law enforcement should be protected.

AS A RESULT, NURSES ARE SUBJECTED TO MULTIPLE IMPACTS OF WORKPLACE VIOLENCE, INCLUDING PHYSICAL AND MENTAL INJURY

NNU's 2023 survey and focus group data on workplace violence illustrates the extensive physical and mental toll workplace violence takes on nurses. A majority of nurses (65.3 percent) reported experiencing anxiety, fear, or increased vigilance as a result of workplace violence (*Table 5*). One in three nurses (33.4 percent) reported experiencing a physical injury or other physical symptoms (e.g., headaches, stomach aches, etc.) due to workplace violence. More than one in four nurses (27.4 percent) reported difficulty working in an environment that reminded them of a past incident (*Table 5*).

It is well recognized that physical injuries can require time off work to recover. Data reported by the U.S. Bureau of Labor Statistics (BLS) indicates a significant increase in workplace violence-related injuries requiring days away from work to nurses in 2020 while rates for all industry did not increase. Comparing 2020 to the average of the previous five years,[4] RNs experienced a 35 percent increase in violence-related injuries while all-industry experienced a 3 percent decrease.[5] Similarly, BLS-reported workplace violence-related injury rates increased by 33 percent in private industry hospitals in 2020 while the health care and social assistance sector in private industry only experienced a 2 percent increase, indicating significant increases in workplace violence experienced by RNs and other health care workers in hospital settings. Rates of workplace violence-related injuries to nurses and in hospitals remained elevated in 2021-22 compared to pre-Covid pandemic years while rates for all industry and the health care and social assistance industry remained similar.[6]

But it is also essential to recognize that even workplace violence incidents that do not result in physical injury can still result in harm to nurses and time off work. NNU's 2023 survey found that nearly 1 in 10 nurses (9.7 percent) reported the psychological effects of workplace

Table 5. **NNU Survey of Nurses' Experience of Workplace Violence: Impacts of Workplace Violence, Data Gathered between Jan. 1, 2023 and Dec. 31, 2023**

Impacts of Workplace Violence	Nurses Reporting
Anxiety, fear, or increased vigilance	65.3%
Considered leaving profession	37.2%
Physical injury or other physical symptoms (e.g., headaches, stomach aches, etc.)	33.4%
Difficulty working in environment that reminds of me past incident	27.4%
Took time off work or reduced work	22.9%
Changed or left job	19.2%
Psychological effects prevent me from working	9.7%
Applied for workers' compensation	5.0%
Physical injury prevents me from working	3.7%
Left profession	4.1%
No injury/no effect	18.5%

violence have prevented them from working, compared to 3.7 percent reporting physical injuries due to workplace violence have prevented them from working (*Table 5*). Nurses also observed this in their accounts of their experiences in focus groups and the surveys. For example:

» **A nurse from Colorado reported —** "Over the last decade I've watched the nursing profession become more dangerous. Not only do we take on the basic risks that come with the job but we are now subjected to physical violence. Two years ago, I was knocked out by a patient and sustained a head injury that took over a year to recover from. The worst part isn't the injury, but that management makes it seem like it's your fault. Yet they want us to use PMDB [Prevention and Management of Disruptive Behavior] skills which have proven time and time again to be ineffective in the face of violence."

This data underlines the importance of taking timely action to protect nurses, other health care workers, and patients from workplace violence.

HEALTH CARE EMPLOYERS' FAILURES TO PREVENT WORKPLACE VIOLENCE ARE A MAJOR CONTRIBUTOR TO THE HEALTH CARE SAFE STAFFING CRISIS

Strikingly, NNU's 2023 survey data found that employers' failures to prevent workplace violence are a major contributor to the health care staffing crisis. Nurses shared that they are changing or considering leaving their jobs due to high rates of workplace violence. This is directly because of the impacts of remaining unprotected at work. NNU's survey found that 19.2 percent of nurses have changed or left their job due to workplace violence, 37.2 percent have considered leaving the profession, and 4.1 percent have actually left the profession due to workplace violence (*Table 5*). Additionally, 13.4 percent of respondents were prevented from working because of psychological or physical injury (*Table 5*).

Nurses reported severe physical injuries resulting from workplace violence, which can contribute to their decisions to leave their jobs. For example:

» **A nurse from California reported —** "In October of 2022, I was helping to de-escalate a violent patient in an acute care setting. This patient got into another patient's room with intended harm. We had to bypass de-escalation to keep the other patient safe. We physically restrained the patient [by] holding down her limbs to prevent harm to herself or us. She became still and stopped fighting for a few minutes allowing us to let our guard down a bit. I received a phone call from heart monitor tech to notify us of her rate change and when I bent my head down to place the phone back on my pants pocket, I was violently kicked in the left side of my face, head, jaw. I did not see this coming and was unable to protect or guard myself. The force dislocated my jaw for a short time not allowing me to close my jaw. I was sent promptly to ER for treatment by my manager due to severity. I developed a concussion with post concussive disorder/ traumatic brain injury with cognitive deficits including but not limited to processing, memory, and speech. I suffer from PTSD [post-traumatic stress disorder] from the violent attack. I've been unable to work and fighting the workers compensation system."

Nurses also described how being unprotected at work led them to consider leaving or actually leave their jobs. For example:

» **A nurse from Colorado, reported —** "Employees that are injured are left to fend for themselves. There is no protection for staff, if work is unsafe we cannot take care of ourselves. Safety is part of our needs and we have gotten nothing but "take PMDB [Prevention and Management of Disruptive Behavior]" and you'll feel more comfortable. I do not want to be involved in any code yellows because I can't take leave if I were to be injured. This is a huge issue. And always has been, with no response or even comments of concern for our safety. I left the Emergency Room, the job I loved, because I wanted to be in a safe environment. I shouldn't have to give up my passion because the system has failed us."

» **A nurse from California, reported —** "Patient presented for individual initial glucose monitoring face-to-face visit. He held a black plastic object to my face and stated while smiling 'You better not hurt me or you're going to get this!' I thought it was a glucose meter or insulin pump. I responded 'I'm not familiar with that specific brand. May I see if there is a brand name or 800 number on it please?' As I reached for it. He laughed and pressed on it and I saw a blue arc. It was a taser. He laughed at my surprise and stated, 'You better not hurt me or I will let you have it with this!' I calmly gathered his chart and told him. 'I can understand your concern. I'll be right back'

I left the room and reported to my supervisor expecting my supervisor to call a code grey (weapon in the building) as per protocol. Instead, my supervisor went to the patient and proceeded to laugh at my response with the patient and began chatting with the patient casually. I saw my VP passing outside the room and reported the incident and expressed my concern. She stated 'well, we have some kookie patients' and walked away. I timed out and went home. I resigned my position via email...."

SURVEY AND FOCUS GROUP METHODOLOGY

NNU SURVEY

NNU has conducted multiple surveys of nurses regarding their experiences of workplace violence and prevention.[7] This report analyzes new data reported by nurses between Jan. 1 and Dec. 31, 2023. Nurse respondents (n=914) were from 48 states and D.C. and primarily work in hospital settings (79.5 percent) (*Table 6*). Nurse respondents are both members and non-members of NNU. Nurses were invited to fill out the survey via multiple methods, including during continuing education classes on workplace violence, via emails, texts, and at other meetings or workshops.

Table 6. **NNU Survey of Nurses' Experience of Workplace Violence: Type of Health Care Facility Respondent Works In, Data gathered between Jan. 1, 2023 and Dec. 31, 2023**

Type of Health Care Facility Respondent Works In	Nurses Reporting
Hospital	79.5%
Home care/hospice	4.4%
Skilled nursing facility/ long-term care	3.9%
Outpatient clinic	8.5%
Medical offices	1.8%
Retired	4.7%
Currently not employed as a nurse	2.8%

NNU FOCUS GROUPS

NNU conducted a series of focus groups in July 2023 with members from across the United States regarding their experiences of workplace violence. Members of NNU's state affiliates were invited to participate in focus group discussions on workplace violence. Focus group discussions were each approximately an hour and a half long. Each group held six to eight nurses (31 total) from seven states, including California, Colorado, Florida, Kansas, Minnesota, New York, and Texas. Nurses were invited to discuss their experiences of workplace violence, their employers' responses/lack of response to violent incidents, prevention measures absent or in place, the impact of staffing on workplace violence, and their experience advocating for workplace violence prevention measures. Quotes from nurse accounts in these focus groups have been transcribed with minimal editing (e.g., filler words such as "like" or "you know" have been omitted, grammatical errors have been corrected, abbreviations have been spelled out). Focus group transcripts were analyzed and common themes identified.

MORE ACTION IS NEEDED TO PROTECT NURSES AND OTHER HEALTH CARE WORKERS FROM WORKPLACE VIOLENCE AND TO REMEDY THE STAFFING CRISIS IN HEALTH CARE

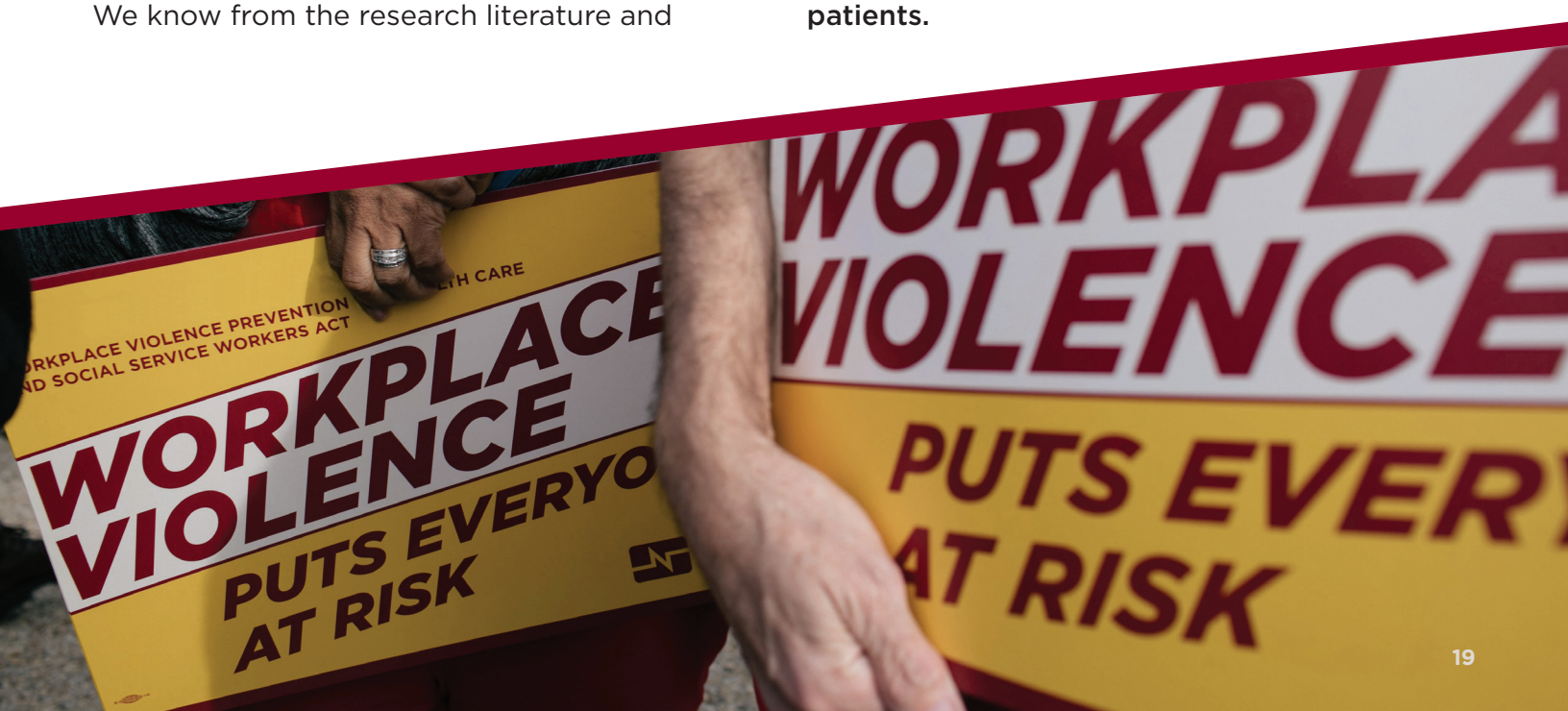
As a persistent and growing hazard for our members and all health care workers across the country, NNU has advocated for occupational health and safety standards to require employers to prevent violence in health care settings. Our efforts have resulted in the establishment of some of the most comprehensive state-level standards on preventing and reducing violence in the workplace for our members and all health care workers in those states. Where state-level standards have not been established, NNU and our state affiliates have won strong protections for our members through collective bargaining.

Despite these strides, protections for nurses and other health care workers will remain piecemeal in light of the Occupational Safety and Health Administration's (OSHA) exclusive jurisdiction in 24 states, making a state OSHA standard impossible in those states. **Only a federal OSHA standard on preventing workplace violence in health care will ensure that *all* nurses and other health care workers are protected.**

NNU has identified the necessary standards and other protections to ensure the effectiveness of workplace violence prevention laws.[8] We know from the research literature and nurses' direct-care experiences that, to effectively prevent and mitigate workplace violence hazards, the inclusion of certain elements in employers' workplace violence prevention plans is critical.

With members who work as direct-care professionals in every state in the nation, **NNU believes that we need a comprehensive workplace violence prevention standard as detailed in the Workplace Violence Prevention for Health Care and Social Service Workers Act (S. 1176/H.R. 2663) to protect nurses, other health care workers, and their patients from workplace violence.** The Workplace Violence Prevention for Health Care and Social Service Workers Act would mandate that federal OSHA create a standard that would require health care and social service employers to create, implement, and maintain effective workplace violence prevention plans. Under S. 1176/H.R. 2663, such a standard would include all the elements that effectively protect nurses and other health care workers.

The data analyzed in this report underscores the importance of prompt action to protect nurses, other health care workers and their patients.



ENDNOTES

1 For a review of the relevant literature, see National Nurses United, Injury to None: Preventing Workplace Violence to Protect Health Care Workers and Their Patients (Feb 2021) **https://www.nationalnursesunited.org/sites/default/files/nnu/documents/0221_HS_WPV_InjuryToNone_Brief.pdf**.

National Nurses United, RE: Reopening of the Comment Period on Docket No. OSHA-2016-0014 to Allow for Submission of Documents and Comments, April 6, 2023, **https://www.regulations.gov/comment/OSHA-2016-0014-0281**.

2 Arnetz JE, Hamblin L, Russell J, et al. (2017) Preventing Patient-to-Worker Violence in Hospitals: Outcome of a Randomized Controlled Intervention. *J Occup Environ Med* 59(1): 18.

3 Gerberich S, Church T, et al. (2004) An epidemiological study of the magnitude and consequences of work related violence: the Minnesota Nurses' Study. *Occup & Environ Med*, 61: 495-503.

4 Average of the previous five years was used because there is year-to-year variability in the data.

5 U.S. Bureau of Labor Statistics, "Injuries, Illnesses, and Fatalities: Nonfatal cases involving days away from work," data extracted March 30, 2023, **https://data.bls.gov/cgi-bin/dsrv?cs**.

6 U.S. Bureau of Labor Statistics, "Injuries, Illnesses, and Fatalities: Nonfatal cases involving days away from work," data extracted January 2024, **https://data.bls.gov/cgi-bin/dsrv?cs**.

7 For previous reports of NNU's workplace violence survey data, see Injury to None: Preventing Workplace Violence to Protect Health Care Workers and Their Patients (Feb 2021) **https://www.nationalnursesunited.org/sites/default/files/nnu/documents/0221_HS_WPV_InjuryToNone_Brief.pdf** and Workplace Violence and Covid-19 in Health Care: How the Hospital Industry Created an Occupational Syndemic (Nov 2021), **https://www.nationalnursesunited.org/sites/default/files/nnu/documents/1121_WPV_HS_Survey_Report_FINAL.pdf**.

8 National Nurses United, (2021, February). Injury to None Preventing Workplace Violence to Protect Health Care Workers and Their Patients. **https://www.nationalnursesunited.org/sites/default/files/nnu/documents/0221_HS_WPV_InjuryToNone_Brief.pdf.**

National Nurses United

www.NationalNursesUnited.org